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CONFIRMATION NO. 7193

<b>SERIAL NUMBER</b> 10/585,606	<b>FILING or 371(c) DATE</b> 05/17/2007 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 21270-002US1		
<b>APPLICANTS</b> Thorsten Bechert, Forchheim, GERMANY; Peter Steinrucke, Erlangen, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP05/00048 01/05/2005 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 10-2004-001-594.5 01/09/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/22/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/KIM M LEWIS/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> FISH & RICHARDSON P.C. PO BOX 1022 MINNEAPOLIS, MN 55440-1022 UNITED STATES						
<b>TITLE</b> Wound Covering						
<b>FILING FEE RECEIVED</b> 1730	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		